

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Bloomingtondale Home Telephone Co. Inc

Service Provider Name

Same as above

Company Address, City, State, Zip

P.O. Box 206

Bloomingtondale In 47832

Service Provider Type

Wireless

Wireline

Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Bret A Cook

Contact Tel #

765-498-2000

Fax #

765-498-8000

E-mail Address

brcook@bloomingtondaletel.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Parke County Indiana

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

911 calls are routed to the Parke Co. Sherriff Dept Dispatchers. This is not Enhanced yet. Waiting on County for Enhance.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Translations have been in place and working since 1990. Non-Enhanced

Our switch has all the software needed for Enhanced 911, waiting on Parke County

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Completed in 1990

OW Enhanced were waiting on the County to re-address and get the necessary equipment.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 3-6-02